

Application for Connecticut/New York State Simplified Sales and Use Tax Reporting

Please read all instructions before completing - print or type (black or blue ink)		Department Use Only	
1. Legal name of business (owner's name, partners' names, or corporate name)		DLN	
2. Physical location of place of business (number and street; see instructions)		NY	
City	State	ZIP code	County
3. DBA/Trade name (if different from legal name - line 1)		4. Telephone number ()	
5. Mailing address (number and street - if different from line 2)		NAICS	
City		State	ZIP code
6. Type of business organization:			
<input type="checkbox"/> Sole proprietorship		<input type="checkbox"/> Limited liability company (check one of the following 3 types):	
<input type="checkbox"/> Partnership		<input type="checkbox"/> Sole proprietorship	
<input type="checkbox"/> Corporation		<input type="checkbox"/> Partnership	
<input type="checkbox"/> Governmental		<input type="checkbox"/> Corporation	
<input type="checkbox"/> Not-for-profit corporation			
<input type="checkbox"/> Exempt organization			
<input type="checkbox"/> Trust			
<input type="checkbox"/> Other (specify): _____			
7. Describe in detail the type of business you operate: _____			
8. Enter the federal employer identification number (FEIN) assigned to your business.		FEIN.....	
If the business does not have an FEIN, enter the owner's or responsible partner's social security number (SSN) at right.		SSN.....	
9. Current sales tax registration numbers:		10. Effective date (see instructions)	
New York State number _____		____/____/____	
Connecticut number _____		(mm/dd/yyyy)	
11A. If your principal place of business is in New York State, do you maintain a business location in Connecticut? <input type="checkbox"/> Yes <input type="checkbox"/> No			
11B. If your principal place of business is in Connecticut, do you maintain a business location in New York State? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Affirmation			
The undersigned hereby applies for registration under Connecticut/New York State Simplified Tax Reporting Program and understands that there will be an exchange of such information between Connecticut and New York State as may be necessary to register the vendor for the program and to administer the program.			
The undersigned agrees, that upon approval of this registration, the vendor shall be subject to the laws of both Connecticut and New York State for sales and use tax purposes.			
12. I certify that the above statements are true:			
Signature _____		Title _____	
(Owner, partner, or responsible officer)			
Name _____		Date ____/____/____	
(Please print)		Telephone ()	
E-mail address _____			

NYS use only	COA Post Date	Regist Date	Multi St Ind	Multi St Eff Date	Mail Agent	FI Freq CD	Schdls	Aux Schdls	Sup COA
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Instructions

1. Enter the exact legal name (from your New York *Certificate of Authority* or your Connecticut *Sales and Use Tax Permit*) of the business being registered. If sole proprietorship or partnership, enter legal name(s) of owner(s).
2. Enter the actual physical location of your principal place of business. If you have more than one place of business, **attach** a list of all additional locations.
3. Enter the trade or doing business as (DBA) name of the business if different from Line 1.
4. Enter the telephone number of your business.
5. Enter the mailing address if different from Line 2.
6. Mark an **X** in the box that applies to your type of business.
7. Enter a description of your business activity. This must describe as closely as possible the principal activity of your business.
8. Enter the federal employer identification number (FEIN). If you do not have an FEIN, enter the social security number of the owner or financially responsible partner.
9. Enter the registration number from your New York State *Certificate of Authority* or your Connecticut *Sales and Use Tax Permit*. If you are registered in both states, enter both numbers. If you are not currently registered in either, enter **None**.
10. Enter the date you anticipate your business will start collecting the other state's taxes (effective date).
11. Answer either **A** or **B** by checking the appropriate box. *Business location* includes office, corporate headquarters, sales location, showroom, manufacturing facility, warehouse or other owned or leased real property related to the business, whether or not sales or sales-related activities are carried on from that location.
12. The application **must** be signed and dated by the owner, a partner, or responsible officer of a corporation.

Mail the completed application to your **home state**.

Connecticut filers:

STATE OF CONNECTICUT
DEPARTMENT OF REVENUE SERVICES
REGISTRATION SECTION
PO BOX 2937
HARTFORD CT 06104-2937

Need help?



For More Information: Call DRS during business hours,
Monday through Friday.

Within Connecticut
Outside Connecticut

1 800 328-9463
(860) 297-5962

TTY, TDD, and Text Telephone users only may transmit inquiries anytime
by calling 1 860 297-4911.

Forms and Publications:

Forms and publications are available anytime by:



Internet access: www.ct.gov/DRS

Telephone: (860) 297-4753 (from anywhere)
1 800 382-9463 (in-state)

Select **Option 2** from a touch-tone phone.

New York filers:

NEW YORK STATE TAX DEPARTMENT
SALES TAX - REGISTRATION SECTION
W A HARRIMAN CAMPUS
ALBANY NY 12227

Need help?



Internet access: www.nystax.gov
(for information, forms, and publications)



Fax-on-demand forms: 1 800 748-3676



Telephone assistance is available from 8:00 A.M. to 5:00 P.M.
(eastern time), Monday through Friday.

To order forms and publications: 1 800 462-8100

Business Tax Information Center: 1 800 972-1233

From areas outside the U.S. and outside Canada: (518) 485-6800

Hearing and speech impaired (telecommunications device for the deaf
(TDD) callers only): 1 800 634-2110 (8:00 A.M. to 5:00 P.M. eastern time).



Persons with disabilities: In compliance with the Americans with
Disabilities Act, we will ensure that our lobbies, offices, meeting
rooms, and other facilities are accessible to persons with disabilities.
If you have questions about special accommodations for persons
with disabilities, please call 1 800 972-1233.